

Effectiveness of Outpatient Pediatric Feeding Interventions on Increasing Variety of Foods Consumed and Adaptive Mealtime Behaviors

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Children with feeding difficulties often warrant feeding therapy interventions. Feeding difficulties goes beyond just pickiness and is defined as children who are persistently failing to meet the appropriate nutritional and/or energy needs that cannot be explained by a lack of food availability, a cultural practice, or a concurrent medical condition or mental disorder (Nadler et al., 2019). Feeding therapy in pediatrics is frequently performed by an occupational therapist or speech language pathologist. Common interventions include interventions using a behavioral modification approach, including the use of reinforcers, sensory and oral motor interventions, and family interventions (Sharp et al., 2017; Bonsall et al., 2021). Evidence suggests behavioral interventions addressing feeding difficulties is more prevalent, and therefore behavioral strategies have been studied more frequently than other feeding therapy interventions. However, feeding therapists tend to provide an individualized approach and may use a combination of interventions depending on the child's needs. Because of the individualized approach, outpatient feeding therapy has limited research regarding its effectiveness. The purpose of this study was to examine the effectiveness of an outpatient pediatric feeding therapy program. Researchers used a retrospective quasi experimental design with one group pretest-posttest to examine the effectiveness of feeding therapy interventions performed in an outpatient therapy clinic. Outcome measures included The Brief Assessment of Mealtime Behavior in Children (BAMBIC) and a Food Preference Checklist, to determine the number of foods eaten on a regular basis. Participants included children who received feeding therapy services at the partner site. A total of 41 participants, ranging from 2 to 15 years of age, were included in the final study. The intervention utilized in the study was a guided intervention manual with three main intervention techniques (Lamb & Piller, 2019). Researchers used a Wilcoxon Signed-Rank test to analyze pre and post intervention data from the BAMBIC and the total number of foods indicated as eaten on a regular basis. Approaching significance, scores from the BAMBIC demonstrated more negative ranks as compared to positive ranks indicating a decrease in maladaptive mealtime behaviors. In regard to the number of foods eaten on a regular basis, results were significant at 0.001 with a positive increase in the number of foods eaten. Although there are many limitations to this study, it does indicate that feeding therapy interventions performed in an outpatient setting result in an increase in the number of foods eaten on a regular basis. When children increase their number of foods, nutrition can also increase. Results also indicate that mealtime behaviors can be positively influenced as a result of feeding therapy interventions, which has the potential to impact the success of the family mealtime experience.

IMPACT STATEMENT: This study provides initial support for outpatient pediatric feeding therapy indicating it is effective in increasing the variety of foods eaten. This supports occupational therapy interventions for feeding difficulties by providing evidence of effectiveness.

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